Questions for the test – 6th year

1. Where is the ischemic chest pain (angina pectoris) located?
2. Patients suffering from stenocardia will describe their pain in which ways? (using at least three adjectives)
3. What are the upper limits of normal blood pressure?
4. What is a typical clinical symptom of acute left-sided heart failure?
5. Which basic medications are used for the treatment of acute heart failure?
6. What are typical symptoms of acute myocardial infarction?
7. What are the three typical directions of stenocardia (angina pectoris) radiation?
8. Which basic pharmacological first aid in a patient with stenocardia should be applied?
9. Which valvular heart defect should be considered in a young person who experienced syncope during exertion?
10. List at least two the most common causes of atrial fibrillation.
11. What long-term therapeutic measures should be instituted in patient with chronic atrial fibrillation?
12. List 4 basic medications which should be used as a secondary prevention in a patient after an acute myocardial infarction.
13. Is ventricular tachycardia life-threatening?
14. What is the first therapeutic approach in a patient with ventricular fibrillation?
15. What is the basic and first therapeutic approach in a patient with asystolia (cardiac arrest)?
16. Which severe side-effect can occur during opiates therapy?
17. Which group of medications is currently considered as a basic pharmacological
intervention in hypercholesterolemia?

18. Which is the therapy of choice in a patient with acute myocardial infarction and elevated ST?

19. What are the acute forms of ischemic heart disease?

20. Which two pathological phenomena characterize the morphology of the left heart chamber in mitral insufficiency.

21. The laboratory marker, whose negativity excludes the presence of pulmonary embolism is:

22. How long lasts the permanent ventricular tachycardia? More than...

23. The pulmonary hypertension is characterized by elevated pulmonary artery pressure upper than:

24. Which two groups of medication significantly improve the prognosis of patients with congestive heart failure?

25. What are the indications for initiation of the cardiopulmonary resuscitation?

26. How long after a cardiac arrest is the patient unconscious?

27. How long after a cardiac arrest does the patient develop a mydriasis?

28. The first used test (except of resting ecg) in differential diagnosis of chest pain in non-emergent patient should be:

29. Which proportion (in percentage) of myocardial wall must be destroyed by necrosis to develop a cardiogenic shock?

30. What is the most specific laboratory test used to confirm the myocardial necrosis?

31. What is the most serious arrythmia in the course of myocard infarction?

32. ECG record: The hulking ST elevation which blends with the T-wave is called:

33. What is the consequence of (what follows after) a myocardial free wall rupture?

34. How many patients (in percentage) have an asymptomatic course of myocard infarction (silent ischemia)?

35. How many patients (in percentage) have a secondary cause of hypertension?

36. What is the laboratory marker of the congestive heart failure?

37. Which adverse effect is the most common during the ACEi treatment?
38. Which adverse effect is the most commonly observed when we treat a patient by furosemide?
39. So called Corrigan pulse (‘water-hammer’ pulse) is characteristic for...
40. Which imaging method is the best for infective endocarditis diagnosis?
41. In how many adult patients (in percentage) persist patent foramen ovale?
42. Holosystolic murmur heard over the apex is typical for which valvular heart defect?
43. The systolic murmur heard at the second right intercostal space is typical for which valvular heart defect?
44. What disease (from the rank of internal medicine) is nycturia typical for?
45. What dose of furosemide do you choose for treatment of acute heart failure in diuretic naive patient?
46. Which antiarrytmic drugs do we use for pharmacological version of atrial fibrilation?
47. What is the ‘in-hospital’ mortality rate in patients suffering from myocardial infarction treated by PCI?
48. What is the most common pathophysiology and underlying cause of acute myocardial infarction?
49. What is the first choice treatment in patient suffering from ST elevation myocardial infarction?
50. List at least two contraindications for administration of digoxin.
51. What anatomical structures of heart are stimulated in pacing regimen VVI?
52. What drug is used as ‘the first aid’ in patients with significant A-V blockade?
53. List the two most common causes of development of aortic stenosis nowadays.
54. What is the basic treatment of aortic stenosis?
55. List the most common cause of development of mitral stenosis.
56. Which valve could we expect to be affected in most cases by infective endocarditis in i.v. drug users?
57. Which disease do we find Osler´s nodes in?
58. What auscultation site is used for systolic murmur in patient with ventricular
septal defect?
59. What is the usual daily dose of penicillin in treatment of infective endocarditis?
60. What disease are beta-blockers contraindicated in?
61. What kind of diuretics could we use in the treatment of hypertension? (List at least two.)
62. What drug is ‘the first choice’ for treatment of hypertension during pregnancy?
63. In which disorder hypertension limited to the upper half of the body is usually observed?
64. Which disorder is characterized by paroxysmal hypertension?
65. Which is the typical finding during physical examination in the case of acute pericarditis sicca? (without effusion)
66. Which cardiomyopathy is genetically determined?
67. Which imaging method is the best one for cardiac tamponade diagnosis?
68. Which two diagnostic methods are used to prove left ventricle hypertrophy in daily practice?
69. Which congenital heart disease is the most commonly diagnosed in adulthood?
70. What is the typical auscultation finding in the patient with atrial septal defect?
71. List five most common causes of pericardial effusion:
72. Which imaging method helps us to distinguish left ventricular dysfunction present in dilated cardiomyopathy and coronary heart disease?
73. What is the typical clinical presentation of cardiac tamponade?
74. Do calcium channel blockers belong among the preferred drugs for treatment of heart failure?
75. What kind of change could we observe on ECG record in patient with hyperkalemia?
76. What is the shape of P pulmonale on an ECG record?
77. What changes do we find on ECG record in patient with acute cor pulmonale?
78. List three symptoms associated with aortic stenosis?
79. What diseases cause left ventricle hypertrophy?
80. In which leads do we observe changes on ECG record in patient with inferior myocardial infarction?

81. What situation should we assume in patients with pathological Q wave and persistant ST elevation in leads monitoring anterior myocardial wall?

82. What is the first symptom of valvular regurgitant defects?

83. List at least three causes for development of mitral insufficiency.

84. What is the basic energetic need of a healthy young person not extremely burdened physically?

85. What is the basic need for liquids in an uncomplicated recumbent patient in ml/kg/day?

86. What is the basic need for full-value proteins for a healthy person?

87. What means BMI?

88. What is definition of obesity (using BMI value)?

89. What is the upper limit of normal body weight expressed by BMI?

90. What does the term ‘all-in-one parenteral nutrition’ mean?

91. What is the effect of the prolonged shock to diuresis?

92. What is the reason for insertion of nasojejunal tube?

93. What does antidote mean in toxicology?

94. Which organ is severely affected and often fails in paracetamol poisoning?

95. What is the definition of sepsis?

96. What amount of muscular mass could be catabolised in severe acute critical state per day?

97. What is plasmapheresis?

98. List all branched essential aminoacids.

99. List at least five trace elements.

100. In which medium are vitamins D and K soluble?

101. List micronutrients administered for their antioxidative properties.

102. What purpose does the indirect calorimetry serve?

103. What is the first aid for a patient who is unconscious due to hypoglycemia?
104. What is a typical clinical sign of diabetes sensitive polyneuropathy in lower extremities?

105. What is the most significant clinical sign of periphery artery disease?

106. What is characteristic laboratory finding in incipient diabetic nephropathy?

107. What value of fasting glycemia is diagnostic of diabetes? (measured in venous plasma)

108. List at least three basic symptoms of hypoglycemia.

109. Which medication is used as a basic treatment for a patient with newly diagnosed type 2 diabetes mellitus?

110. What is the basic therapeutic measure in patient with type 1 diabetes mellitus?

111. Which two pathophysiological disturbances participate in development of type 2 diabetes mellitus?

112. What has to be corrected first in patient with hyperosmolar hyperglycemic state?

113. Which severe disorder can be caused by extremely high level of serum triglycerides?

114. Which external factor causes the diabetic foot ulcer in most cases?

115. What is the most important contra-indication in type 2 diabetic patients to be treated by metformin?

116. In patient suffering from obstruction of calf arterial bed where is claudicatory pain localized?

117. In patient suffering from obstruction of superficial femoral artery where is claudicatory pain localized?

118. In patient suffering from obstruction of iliac arteries where is claudicatory pain localized?

119. What kind of pain does the patient with ischemic pain in lower limbs in rest describe?

120. What kind of complaints does the patient with claudicatory pain describe?

121. At what time do we observe filling of dorsal veins during the performance of modified Ratschow’s test?

122. What value of ankle-brachial index (ABI) do we consider as diagnostic for
periphery artery disease?

123. What is necessary to take into the consideration in patient with proven PAD? What other diagnostic angiological procedures do you recommend?

124. List at least three measures belonging to non-pharmacological intervention in patients with PAD?

125. What is the most common cause of acute arterial occlusion in extremities?

126. Which clinical stage of PAD do we consider angiography in?

127. What is the most common cause of aortic dissection?

128. What does the term ‘abdominal angina mean?’

129. What is predisposig factor for development of thrombangiitis obliterans?

130. List the components of Wirchov-Rokitanski triad?

131. List at least three inborn hypercoagulable states?

132. List at least three acquired hypercoagulable states?

133. What examinations are considered as ‘gold-standard’ in suspicion for deep venous thrombosis?

134. What basic therapeutic measures do we institute in patient with recently proven DVT in calf venous bed?

135. What does paradoxic embolism mean?

136. List at least four symptoms of pulmonary embolism.

137. What basic therapeutic measures do we institute in patient with recently proven thromboflebitis?

138. List at least three symptoms of hyperglycemia.

139. What examinations should we performed at least annualy in patients with diabetes? List at least three.

140. What tests do we use for evaluation of metabolic and overall control in patients with diabetes? List at least five.

141. What is the normal range of HbA1c in healthy subjects according to IFCC calibration?

142. What does the term ‘impaired fasting glucose’ mean?
143. What kind of drugs used in treatment of DM can cause hypoglycemia?
144. What three features characterize diabetic dyslipidemia?
145. What waist circumference (in cm) is diagnostic for metabolic syndrome according to IDF guidelines?
146. What are two main causes leading to acute pancreatitis?
147. Which hepatotropic viruses spread mainly by the orofaecal route?
148. Characterise the typical and general course of hepatitis C acute phase?
149. Which viral hepatitides never become chronic?
150. Which antigen is always present in the blood of patients with chronic hepatitis B?
151. Which laboratory parameter indicates the seriousness of hepatic encephalopathy?
152. Which tumour marker is typical of hepatocellular carcinoma?
153. What are two basic types of ileus?
154. What beam orientation should be applied during X-ray examination in recumbent position of patient to diagnose ileus?
155. What is a typical sign of ileus in X-ray examination (plain films of the abdomen)?
156. List two main causes of hepatic cirrhosis.
157. Which kind of disorder could we assume in patients with prolonged protrombin time and cirrhosis of liver?
158. What is the causal treatment of fulminant liver failure in cases when the complex non-specific treatment fails?
159. Which pharmacological group do we use in treatment of chronic portal hypertension?
160. What does hepatorenal syndrome mean?
161. Which test serves as a preventative screening for colon cancer?
162. Which patients with cholecystolithiasis are not indicated for cholecystectomy?
163. What parameters (and what arbitrary value of them) signalize that the patient with acute gastrointestinal bleeding is hemodynamically unstable?
164. What two test are important to provide the diagnosis of gastroesophageal reflux
disease?

165. Which gastric neoplasma is the most frequently observed?

166. What is the definition of diarrhoea?

167. What are three characteristic features of the gastrointestinal lesions occurred in patients with Crohn disease?

168. What is the time-course and associated characteristics of a colic?

169. What is the time-course of pain due to inflammation?

170. Which laboratory parameter indicates a serious bleeding into gastrointestinal tract at the earliest?

171. What changes (in laboratory parameters) could we expect in a serious bleeding into gastrointestinal tract? List at least three.

172. What parameter and signs do we look for during ultrasound examination in patient with suspected cholestasis?

173. What is the cause of pseudomembranous enterocolitis?

174. Which disease is caused by Tropheryma Whipplei?

175. What diagnostic method do we use in order to prove achalasia?

176. What is the crucial difference between ERCP and MRCP?

177. What diagnostic method do we use in order to prove chronic pancreatitis?

178. What should we perform during the diagnostic process for functional disorders of GI tract?

179. What diet should be instituted in a patient with acute exacerbation of idiopathic proctocolitis?

180. What are the risk factors for transformation of IBD into CRC?

181. What acute disease could imitate ‘a new case’ of Crohn’s disease?

182. What kind of drugs is considered as a therapy of choice in a patient with acute exacerbation of idiopathic proctocolitis?

183. Which kind of polyp in large intestine is associated with hypokalemia?

184. In which parts of GI tract could we find gastrinoma? List at least two organs.

185. What are pharmacological options for the treatment of pseudomembranous
186. What characteristics of antibiotics are considered necessary for successful treatment of cholangitis?

187. List drugs used for eradication of Helicobacter pylori.

188. List three unequivocal indications for eradication of Helicobacter pylori.

189. What diagnostic method do we use in order to evaluate compliance of a patient treated for celiac disease?

190. What diagnostic method do we use in order to prove unequivocally celiac disease?

191. When during the day is the highest cortisol level in plasma?

192. What is an usual hydrocortison dose (range) used for substituion in a patient suffering from Addison's disease?

193. What are typical laboratory findings in patients with hyperaldosteronism (Conn's syndrome)?

194. In a patient with Addison's crisis one can expect hypertension, hypotension or a patient is normotensive?

195. Define the common therapeutic dose of intravenous hydrocortisone administred during an acute situation. In which acute situation this treatment should be applied?

196. What means tetany?

197. What are typical symptoms of thyreotoxicosis?

198. What are typical symptoms of hypothyroidism?

199. What does goitre mean?

200. List two main causes of hypercalcemia.

201. Which laboratory parameter is the most useful in patient with hypercalcemia and why?

202. What are the most common signs of primary hyperparathyroidism?

203. What signs and symptoms could tell us about possible hypocalcemia?

204. Which hormonal deficit is the most important in pituitary insufficiency and why?

205. How can we differentiate polyuria caused by diabetes insipidus from polyuria in
206. What is the leading sign in a patient with acromegaly?

207. Why is abrupt interruption of long-term corticosteroid treatment (with medium or high doses) dangerous?

208. What are clinical signs of hyperaldosteronism?

209. What symptoms could tell us about possible pheochromocytoma?

210. What treatment should be instituted in a patient with adrenal (Addisonian) crisis?

211. Which laboratory parameter is the most useful in a patient with primary hypothyroidism in an outpatient office?

212. List other endocrine diseases associated with type 1 diabetes. (at least one)

213. What are clinical signs and symptoms telling us about suddenly developed anemia?

214. What is the most common cause underlying development of microcytic anaemia?

215. Which morphologic characteristic is important for differentiation of anemias?

216. What is the most frequent and wide-spread type of anemia?

217. What is the most serious complication of pernicious anemia?

218. What is the most notable symptom of haemolytic anemia?

219. Which laboratory test do we use for confirmation of autoimmune hemolytic anemia?

220. There is a necessity to treat a patient with autoimmune hemolytic anemia by blood transfusions. What kind of transfusion preparation would you prefer?

221. Is hemolytic anemia possible to be observed in a patient after a cardiac surgery (using extracorporal circulation)?

222. What is a typical finding in blood count in a patient who suffers from aplastic anemia?

223. Which examination is necessary to perform in differential diagnosis of aplastic anemia?

224. What is the most frequent complication of chronic lymphocytic leukemia?
225. Is the primary focus of non-hodgkin lymphoma located always in a lymph-node?
226. What is the consequence of the Bence-Jones protein production?
227. What is the typical X-ray finding in Kahler’s disease?
228. What lab test do you use for monitoring the efficacy of low-molecular weight heparin treatment?
229. Which preparation is the most effective to normalize protrombin test in a patient who is overdosed by warfarin?
230. Which preparation is essential to treat a trombocytopenic patient when an emergent surgery is required?
231. Which test do we use for monitoring of efficacy during warfarin treatment?
232. Which imaging method should be performed to prove the intracerebral haemorrhage?
233. Which imaging method should be performed in patients with stroke before initiation of low-molecular weight heparin treatment?
234. Can brain arteries atherosclerosis lead to the cerebral atrophy?
235. What is the upper limit of normal size of lymph node?
236. What is the most frequent underlying cause of lymphadenopathy? Benign or malignant?
237. Which imaging method could be used for evaluation of the size of lymph nodes.
238. What does sentinel lymph node mean?
239. Is lymphadenopathy present in a patient with Whipple’s disease?
240. At what size of a lymph node do we consider lymphadenectomy?
241. What antidote do we use in a serious heparin overdosing?
242. Is disseminated intaravascular coagulation a dynamic disorder?
243. Could reaction antigen-antibody trigger disseminated intravascular coagulation?
244. What are the most frequent complications after bone marrow transplantation?
245. At what concentration of hemoglobin do we administer blood transfusion?
246. What is the most frequent type of anemia in pregnant women?
247. At what site do we perform confirmatory determination of blood groups of a
248. List class of drugs used for treatment of immune-mediated adverse reaction to blood transfusion.

249. What is the first therapeutic measure in case of adverse reaction to blood transfusion?

250. What is mycosis fungoides?

251. Which disease is associated with Pel-Ebstein fever with?

252. What is Walderstrom´s disease?

253. What does uremia (azotemia) mean?

254. Which parameter is crucial for evaluation of renal function in CKD disregarding etiology of nephropathy?

255. Could we evaluate glomerular filtration rate without performing any clearance methods (clearance of creatinin, inulin, DTPA)?

256. How many stages of chronic kidney disease according to Kidney Disease Outcome Quality Initiative (KDOQI) do we distinguish?

257. What is the parameter used for division into the CKD stages according to Kidney Disease Outcome Quality Initiative (KDOQI)?

258. What is diagnostics of urinary tract infection based on?

259. Define the therapy of asymptomatic bacteriuria (ABU) in various situations.

260. What does the term ‘complicated infection of urinary tract’ mean?

261. List at least two promotors of lithogenesis causing urolithiasis.

262. Which bacterial phylla are associated with urolithiasis?

263. What factors contribute very often to lithogenesis? List at least two of them.

264. What does the term ‘ischemic kidney disease’ mean?

265. What is the most frequent form of vascular nephropathy in population?

266. What are predisposing factors for vascular nephropathy?

267. What is the definition of microalbuminuria?

268. What is the definition of selective glomerular proteinuria?

269. What does the term ‘preglomerular (overflow) proteinuria’ mean?
270. What does the term ‘tubular proteinuria’ mean?

271. What is the definition of non-selective glomerular proteinuria?

272. What is the definition of nephrotic proteinuria?

273. What method does ‘hospital’s lab v Motole’ use for evaluation of erythrocyturia?

274. What morphological abnormality of erythrocyte found in urine sediment is indicative of glomerular lesion?

275. What is the definition of rapidly progressive glomerulonephritis?

276. Which method, used in evaluation of bioptic renal sample, gives us the most important additional information needed for differential diagnosis of rapidly progressive glomerulonephritis?

277. Which imaging method provides us with enough information about urinary tract? (ureters, urinary bladder) List at least one.

278. What extra benefit has the examination with nuclear nephrography in comparison to other imaging method.

279. Use of iodinated contrast agents (dyes) in imaging methods in patients suffering from decrease of renal function is associated with a risk. Define this risk.

280. Which kind of examination is considered as the most important in the initial part of differential diagnosis of acute renal failure?

281. What is the definition of nephrotic syndrome?

282. What is the definition of 1st type of nephrotic syndrome?

283. What is the definition 2nd type of nephrotic syndrome?

284. What is the definition 3rd type of nephrotic syndrome?

285. Which criterion is used for division of metabolic acidoses into two basic types?

286. List the formula for counting fo anion gap.

287. List at least three causes for metabolic acidosis with anion gap.

288. What does the term ‘Bence-Jones protein’ mean?

289. What is the most frequent cause of dehydration associated with lab abnormalities: hypokalemia, hypochloremia and metabolic alkalosis?

290. What is the name of endocrine abnormality associated with normo or hypocalcemia, hyperphosphatemia and elevated level of parathormon in
plasma?

291. What is the definition of tertiary hyperparathyroidism?

292. List at least three therapeutic measures used for correction of hyperphosphatemia.

293. What is the sodium deficit in patient with body weight = 74 kg and serum concentration of Na = 115 mmol/l?

294. What is volume (in litres) of the whole body water in a patient whose body weight is 75 kg.

295. What is the definition of polyuria?

296. What is the definition of oliguria?

297. According to which criterion do we divide polyuria into two basic forms?

298. What is the formula for calculation of base deficit?

299. What is the water deficit in patient with body weight = 74 kg and serum concentration of Na = 179 mmol/l?

300. What value of fraction excretion of sodium (FENa) would you assume in patient with renal failure of prerenal etiology?

301. UCr/UNa ratio helps us to differentiate between prerenal and renal cause of oliguria. What value of this ratio is indicative of renal cause of oliguria?

302. What is the treatment of thoracic empyema? List at least two methods.

303. What is the definition of nosocomial pneumonia?

304. List the two most frequent locations of the extra-thoracic tuberculosis, occurred in the Czech Republic.

305. What way of drug administration is preferred in the asthma bronchiale treatment?

306. How long (how many months) should the patient have a productive cough to consider such disorder to be chronic?

307. What is the main risk factor for development of chronic bronchitis?

308. What kind of obstructive ventilation disorder is typical of asthma bronchiale?

309. What oxygen concentrations could be administered during acute asthma bronchiale treatment?

310. What kind of obstructive ventilation disorder is typical for COPD?
311. What is the change of ventilation pattern in a patient with acute exacerbation of COPD?

312. List at least two groups of drugs using in the treatment of patients with COPD.

313. Define parameters of sufficient oxygenation (SaO2, paO2) in a patient with COPD exacerbation.

314. Which type of ventilation change is typically present in idiopathic pulmonary fibrosis?

315. Define the possible sources of nosocomial infection. List at least two possible causes.

316. What means multiresistant tuberculosis?


318. What is the consequence of inadequate ADH secretion?

319. Which are the two basic histological types of pulmonary carcinoma?

320. Specify the neurological disease which is frequently observed in patients suffering from thymoma (in 30–50%).

321. Specify the auscultation findings in pneumothorax.

322. What is the most common cause of secondary pneumothorax?

323. Define changes in blood gases caused by alveolar hypoventilation.

324. What is the most frequent cause of transssudate in pleural cavity?

325. Which biochemical parameter do we have to examine in young adults with severe form of COPD?

326. What is the term for lean dyspnoic patients with emphysema and no cyanosis?

327. What class of drugs is overused in the highest level in patients with COPD?

328. What does the abbreviation ‘LTOT’ mean?

329. Which indication for lung transplant is associated with the best postoperative prognosis of the patients?

330. What hemodynamic parameter precludes the possibility of unilateral lung transplant?

331. What is the name for class of drugs used for treatment of unproductive
(irritating) cough?

332. What is the name for class of drugs used for treatment of productive cough and expectoration of viscous mucus?

333. What disease is the cause for chronic cough in most cases?

334. What is the name of disease characterised by increased resistance in upper respiratory tract and periods of apnea during sleep?

335. What extent of pneumothorax (given by distance between the thoracic wall and lung) could be considered as a small rim PNO?

336. When performing drainage of pleural cavity by active suction, what is the range of negative pressures used?

337. What countries do we find the highest rate of tuberculosis?

338. What does the term ‘incidence of TBC’ mean?

339. What is the incidence of TBC in Czech Republic in recent years and what is the trend of this parameter?

340. What does the term ‘primary TBC’ mean?

341. What does the term ‘postprimary TBC’ mean?

342. What does the term ‘latent TBC’ (LTB) mean?

343. What are the tests for ‘latent TBC’ (LTB)?

344. What is the evaluation of Mantoux II test?

345. What factors increase risk for the transition of ‘latent TBC’ into active form?

346. What examinations is it necessary to perform before the treatment with anti-TNF alfa agents?

347. What is time is required to perform cultivation of M. tuberculosis?

348. What are the disadvantages of using PCR to diagnose M. tuberculosis when compared with classic cultivation test?

349. What material is examined in cases when the patient is unable to expectorate sputum?

350. What is the course of chemoprophylactic treatment of TBC in CR?

351. When is the chemoprophylactic treatment of TBC indicated?
352. List all five basic antituberculotic drugs.
353. Which antituberculotic drugs are used in the initial treatment and how long does the initial phase last?
354. Which antituberculotic drugs are used in the continual treatment and for how long?
355. What does the abbreviation ‘MDR’ mean in relation to TBC?
356. List at least 2 of some antituberculotic drugs used for the treatment of MDR tuberculosis?
357. What is the justification for TBC vaccination?
358. Which groups of population are currently vaccinated against TBC in CR?
359. Is the phrase ‘There is a steady increase of lung cancer incidence in CR in both men and women’ true? Please justify.
360. What is the difference between pneumonia and bronchopneumonia?
361. What is the definition of ‘community acquired’ pneumonia?
362. What is the definition of nosocomial pneumonia?
363. What is the most common pathogen causing pneumonia?
364. What pathogens cause so-called ‘atypical’ pneumonia?
365. In walking patient where is the aspiration pneumonia localised?
366. In lying patient (for example ventilated) where is the aspiration pneumonia localised?
367. What pathogens cause aspiration pneumonia?
368. What is the detection rate of disease causing pathogens in sputum?
369. Finding of Gramm positive diplococci in sputum is suspective of what pathogen?
370. Which bacterial antigens are commonly examined in a urine sample?
371. Which class of immunoglobulins is important for diagnosis of acute M. pneumonii and Ch. pneumonii infections?
372. List at least 2 groups of antibiotics used for the empirical treatment of community acquired pneumonia.
373. List at least 2 groups of antibiotics used for the treatment of atypical
pneumonia.

374. Which groups of patients are at increased risk of nosocomial pneumonia?
375. What is the most common pathogen causing nosocomial pneumonia?
376. List at least 2 groups of antibiotics used for the empirical treatment of nosocomial pneumonia.
377. List at least two of the most common complications of pneumonia.
378. What is the most common etiology of pneumonia in immunocompromised patients?
379. What is the most common pathogen causing pneumonia in AIDS patients?
380. What is a first typical symptom of rheumatoid arthritis manifestation?
381. Where is polymyalgia rheumatica pain typically localized?
382. What is the basic medication for the treatment of polymyalgia rheumatica?
383. What is the usual range (min-max dose) of the dose in chronic prednisone therapy?
384. Which part of the musculoskeletal system is affected in Bechterew's disease (ankylosing spondylitis)?
385. Which extra-articular symptoms in a young man might signalize a presence of Bechterew's disease?
386. What are the most characteristic deformities in rheumatoid arthritis?
387. What is rheumatoid factor?
388. What are rheumatoid nodules?
389. What is the combination of clinical presentation consisting of rheumatoid arthritis, splenomegaly and leukopenia called?
390. List at least two of the most common complications of Felty's syndrome?
391. Anti-citrullinated protein antibody are characteristic for which disease?
392. What are the clinical manifestations of gout?
393. What is the examination used for detection of urate crystals?
394. Which joint is most commonly affected by hydroxyapatite arthritis?
395. Which disease is characterised by gross bridgeing of interverebral spaces by
oseous process, especially in obese patients with DM older than 50 years of age?

396. What are diagnostic features (clinical + lab and ancillary procedures) for polymyositis?

397. List at least two skin signs of dermatomyositis.

398. List at least two antibodies associated with myositis.

399. In rheumatology what does the term ‘DAS’ mean?

400. What is ‘antiphospholipid syndrome’?

401. What is a fatal complication in patients with systemic sclerosis?

402. Which substance is used in the basic treatment of polymyositis and dermatomyositis and what is the dosing of this drug?

403. List at least three major causes of clinically significant hypergammaglobulinemia.

404. What is the characteristic feature of diffuse idiopathic skeletal hyperostosis?

405. List at least five adverse effects of corticosteroid treatment.

406. What is the recommended concurrent pharmacotherapy in patients undergoing long-term corticosteroid treatment?

407. List at least five adverse effects of NSAID treatment.

408. Occupational diseases in the Czech Republic can be acknowledged solely by...

409. The most frequent occupational disease due to vibrations and overload of upper extremities is...

410. What malignancy can be caused by benzene?

411. What cancers can develop uranium miners? (list at least 2)

412. What occupational diseases are most frequent in the healthcare workers? (list at least 2)

413. What type of skin tests (and where applied) are used to diagnose contact allergic dermatitis?

414. What examinations are used to diagnose vibrations-induced Raynaud syndrome? (at least 2)

415. Which examination can prove vibrations-induced or overload-induced peripheral neuropathy?
416. What antidote is used to treat internal contamination by iodine radionuclide?

417. What is the correct first aid after ingestion of acids or alkalis?

418. What examination after ingestion of corrosives is considered the gold standard to diagnose the damage and to decide further steps?

419. Which antidotes are used to treat poisoning with lead or mercury – group name (specifically DMSA, DMPS)?

420. What antidote can treat intoxication with methemoglobinemia? (at least 1)

421. What are the clinical symptoms of methemoglobinemia? (2 signs at least)

422. What is the typical sound on auscultation in asbestosis nad extrinsic allergic alveolitis?

423. What is the treatment of silicosis and asbestosis?

424. What examination is crucial for the diagnosis of silicosis/ asbestosis?

425. What tumours may be caused by asbestos? (at least 2 types)

426. What is the common effect of organic solvents?

427. To diagnose occupational asthma, following examinations are crucial: (at least 2)

428. Most important information in material safety data sheet of a chemical product is its formula. Where can it be found? (at least 1 possibility)

429. What shape have the opacities on the chest radiograph in silicotic patients?

430. What organ damage in addition to neurotoxicity causes ethylene glycol (antifreeze, brake fluids)

431. What typical damage (besides CNS effect) causes methylalcohol?

432. What antidotes are used after ingestion of ethylene glycol and methanol?

433. After petroleum distillates ingestion (gasoline, naphta) following procedures are contraindicated in the pre-hospital and hospital care: (2 examples)

434. Poisoning with Amanita phalloides can be treated with following drugs – ‘antidotes’:

435. The latency from ingestion to first symptoms of poisoning with Amanita phalloides is typically...

436. Intoxication with morphine and its derivatives can be treated with...
437. Decision concerning antidote treatment in paracetamol ingestion is based on...
(at least 1 option)

438. Antidote indication in benzodiazepines or morphine derivates poisoning is based on...

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